



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
COMMITTEE TO ELECT MIKE BOOTH FOR HAMILTON COUNTY TREASURER

2. Acronym or abbreviated name, if any

3. Committee telephone number
(317) 509-5650

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
13324 CUMBERLAND ROAD

5. City, state, ZIP code
NOBLESVILLE, IN 46060

6. Party affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)
MICHAEL J. BOOTH

8. Party affiliation or if independent candidate
REPUBLICAN

9. Office sought (Include district number, if any. Not required for exploratory committee.)
HAMILTON COUNTY TREASURER

10. County of residence
HAMILTON

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: **4/10/04** Through: **12/31/04**

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

4003.70

14. Cash on hand and investments January 1, current year.

-0-

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 15a. Itemized (use Schedule A) | 1120.00 | 8770.00 |
| 15b. Unitemized | | |
| 15c. Add lines 15a and 15b in both columns | 1120.00 | 8770.00 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | 5123.70 | 8770.00 |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 2804.05 | 6450.35 |
| 17b. Unitemized | | |
| 17c. Add lines 17a and 17b in both columns | 2804.05 | 6450.35 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | 2319.65 | 2319.65 |
| 19. Debts OWED BY the committee (use Schedule D) | NONE | |
| 20. Debts OWED TO the committee (use Schedule E) | NONE | |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-3) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FILED

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**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 2

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. LUCILLE V. NOBLITT 13120 SEVERN WAY NOBLESVILLE, IN 46060 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$ 20.00 | \$ 20.00 | 4/10/04 MIKE BOOTH |
| 2. KENT F. SCHUCH 8230 NORTHBROOK CT INDIANAPOLIS, IN 46260 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 100.00 | 100.00 | 4/13/04 MIKE BOOTH |
| 3. ANDREW E. ILLYES 88 GLASGOW LAKE NOBLESVILLE, IN 46060 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 100.00 | 100.00 | 4/17/04 MIKE BOOTH |
| 4. WESLEY G. RUCHER 17 SLEEPY HOLLOW LAKE CARMEL, IN 46032 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 50.00 | 50.00 | 4/21/04 MIKE BOOTH |
| 5. EDWARD R. SCHMIOT 12170 BRIDGEWATER ROAD INDIANAPOLIS, IN 46256 Contributor's Occupation (if required) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | 100.00 | 100.00 | 4/22/04 MIKE BOOTH |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 370.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$ | | |



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(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 2

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. A & F ENGINEERING CO LLC 8365 KEYSTONE CROSSING SUITE 201 INDIANAPOLIS, IN 46240 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | 500.00 | 500.00 | 4/26/04 MIKE BOOTH |
| 2. JOHN W. COLGLAZIER 19300 CYNTHIANNE ROAD NOBLESVILLE, IN 46060 Contributor's Occupation (if required) _____ | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | 250.00 | 250.00 | 4/26/04 MIKE BOOTH |
| 3. _____ Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 4. _____ Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| 5. _____ Contributor's Occupation (if required) _____ | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 750.00 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$ 1120.00 | | |



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Approved _____

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|---|--|-----------------------------------|--|------------------------|
| Code <u>A</u> HOMETOWN TELEVISION 15289 STONEY CREEKWAY NOBLESVILLE, IN 46060 | RADIO & TELEVISION ADVERTISING HAMILTON COUNTY TREASURER | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>RADIO & TV</u> <u>AD</u> | \$1,031.80 | \$1,031.80 | 4/12/04 |
| Code <u>A</u> MARKETLINK 7444 SHADELAND STATION WAY INDIANAPOLIS, IN 46256 | RADIO & TELEVISION ADVERTISING HAMILTON COUNTY TREASURER | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>RADIO & TV</u> <u>AD</u> | 1,772.25 | 1,772.25 | 4/15/04 |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| Code _____ | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: _____ | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$2804.05 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$2804.05 | | |